

**Prior Authorization DRUG Guidelines**

**New-to-Market Medical and Pharmacy Benefit  
Products Policy**

Effective Date: 7/23/19

Date Developed: 5/29/19 by Robert Sterling, MD

Date Approved by P&T Committee: 7/23/19, 2/18/20, 2/2/21,  
2/1/22, 1/31/23, 2/13/24, 2/18/25

**Coverage Policy:**

Ventura County Health Care Plan (VCHCP) will not cover new-to-market medical and pharmacy benefit products until they are reviewed and approved for coverage by VCHCP Pharmacy and Therapeutics Committee. New-to-market means up to six months from the date of final approval by the U.S. Food and Drug Administration (FDA).

VCHCP's Pharmacy and Therapeutics Committee will conduct a clinical review for each new-to-market pharmacy and medical benefit product/medication in a timeframe not to exceed 12 months after final FDA approval. The Committee will review clinical data and patient safety information and provide a coverage determination for each product reviewed. The Committee meets quarterly in February, May, August and November.

During the Committee's period of review for new-market medical and pharmacy benefit medication, a decision may be rendered to cover prior authorization or to exclude a medication if such review is required or requested.

**NOTE:** VCHCP does not cover services that are not medically necessary and/or investigative. Individual cases may be considered by the medical director.

**REVISION HISTORY:**

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| Revision Date | Content Revised (Yes/No) | Contributors                            | Review/Revision Notes                                                        |
|---------------|--------------------------|-----------------------------------------|------------------------------------------------------------------------------|
| 2/18/20       | No                       | Howard Taekman, MD; Robert Sterling, MD | Annual review                                                                |
| 2/2/21        | No                       | Howard Taekman, MD; Robert Sterling, MD | Annual review                                                                |
| 2/1/22        | No                       | Howard Taekman, MD; Robert Sterling, MD | Annual review                                                                |
| 1/31/23       | No                       | Howard Taekman, MD; Robert Sterling, MD | Annual review                                                                |
| 2/13/24       | No                       | Howard Taekman, MD; Robert Sterling, MD | Annual review                                                                |
| 2/18/25       | Yes                      | Howard Taekman, MD; Robert Sterling, MD | Added “The Committee meets quarterly in February, May, August and November.” |